



**DEPT. OF ADMINISTRATION  
DIVISION OF PUBLIC WORKS  
FACILITIES MANAGEMENT**

***Idaho State Capitol  
Public Event Request and  
Statement of Responsibility***

Complete the information below, and submit the completed form to the Department of Administration, Division of Public Works, Facilities Management in accordance with scheduling procedures for the capitol building found at [www2.state.id.us/adm/pubworks/facilities/capitol.htm](http://www2.state.id.us/adm/pubworks/facilities/capitol.htm). Fax the form to (208) 334-4031 or mail it or deliver it in person to 502 N. 4<sup>th</sup> Street, P.O. Box 83720, Boise, ID 83720-0072. If you have questions about this form, contact us at (208) 332-1933.

By signing this agreement, the sponsoring organization or individual confirms that it has read, understood, and acknowledges its responsibility to abide by the Capitol Use Guidelines at [www.idahocapitolcommission.org/caprulefinal.htm](http://www.idahocapitolcommission.org/caprulefinal.htm). In addition, the sponsoring organization or individual will be responsible for reimbursement of labor and material costs incurred by the State of Idaho for repairs, resurfacing, or cleaning which directly relates to damage to the Capitol Building or grounds as a result of this event.

**1. SPONSORING ORGANIZATION/INDIVIDUAL**

NAME		
ADDRESS		
PHONE		CELL PHONE
EMAIL		

**2. EVENT DETAILS**

DATE				
TIME	start:	end:	(be sure to include time for setup/cleanup)	
LOCATION (check any appropriate)	ROTUNDA:	... 1 <sup>st</sup> floor	... 2 <sup>nd</sup> floor	... 3 <sup>rd</sup> floor
	EXTERIOR:	... South steps	... East steps	... West steps
	IF "OTHER," DESCRIBE:	... 4 <sup>th</sup> floor	... Other	
DESCRIBE EVENT (rally, press conference, topic or subject, etc...)				

**3. RESPONSIBLE PERSON OVERSEEING EVENT**

List a person who will be present during the event. List a cellular phone number, if available.

NAME		
ADDRESS		
PHONE		CELL PHONE
EMAIL		

**4. INSURANCE INFORMATION for property & liability carriers, or broker of record**

NAME OF CARRIER	
ADDRESS	

**5. AGREEMENT**

NAME (ORG. OR INDIVIDUAL)	
TITLE OR RELATIONSHIP TO ORGANIZATION	
SIGNATURE	
DATE	

**FOR FACILITIES SERVICES USE**

(You must receive a confirmation number to be sure your reservation is confirmed).

	Approved	Facilities Services Authorized Signature	Date
	Disapproved		
	Confirmation Number		
Comments			